



NEW

SIUE STRING DEVELOPMENT CAMP

JULY 16-20, 2018, MONDAY-FRIDAY

8:30 AM - 4:30 PM

VIOLIN, VIOLA, AND CELLO STUDENTS
PARENTS AND OBSERVERS ARE WELCOME!

Mikaila Seo, Camp Director
Vera McCoy-Sulentic, Co-Director
Southern Illinois University Edwardsville, Dunham Hall

Just in time to refresh your summer practice—*the newly revised SIUE String Development Camp!* This camp is focused on students who know how to read music—the minimum requirement being able to read music in the key of D and G. Each student will be placed in orchestra, a chamber music group, and take private lessons. This is a great time to change up the practice routine. Let us help you get ready for the new school year! *Students DO NOT need to be Suzuki students to participate in our camp, but should be able to play at approximately a Suzuki book 2 level and above.*

A day at camp includes:

- Orchestra rehearsal
- Chamber music rehearsal
- Private lessons
- Master classes
- Daily recitals
- Electives, fiddle, acting, arts/crafts, yoga, bowling and much more!

Teachers include SIUE Suzuki program teachers and experienced teachers from the St. Louis area who will join us for this special week! Read our SIUE teacher bios here:
siue.edu/artsandsciences/music/suzuki/faculty.shtml

Tuition

Five full days of instruction
Orchestra
Chamber Music
Private lessons for everyone
Electives
Summer Camp T-shirt

TOTAL: \$300

SIUE STRING DEVELOPMENT CAMP 2018

DUNHAM HALL, SIUE

Mikaila Seo: Camp Director; Vera McCoy-Sulentich: Co-Director

MONDAY - FRIDAY, JULY 16-20, 2018 8:30 AM-4:30 PM
FINAL CONCERT: FRIDAY, JULY 20 AT 3 PM, DUNHAM HALL, ROOM IIIJ
FREE AND OPEN TO THE PUBLIC

Further information: Contact miktheviolist@mc.com, Phone: 618-650-2839,
Fax: 618-650-5988, www.siue.edu/artsandsciences/music/suzuki

CAMP DETAILS

1. **Fees:** Make checks payable to **SIUE String Camp**. Online payment is available through our website link (see below).
No refunds given after May 1st, 2018.
Save \$10 if your registration is postmarked by April 30th
Registration closes on May 31st, 2018.
2. Required materials for registration:
 - **Registration form (filled out completely)**
 - **Health consent form**
 - **Liability waiver form (MUST HAVE A WITNESS SIGNATURE)**
 - **Tuition check or online payment through credit card payment link at <http://www.siue.edu/artsandsciences/music/suzuki/>**
3. Mail all required materials to:
SIUE Suzuki String Program
Mikaila Seo
Box 1771 SIUE
Edwardsville, IL 62026
4. **Lunch:** Bring your own lunch or buy it in the SIUE Morris Center Food Court
5. **Parking:** **Camper drop off will be at the Dunham Hall loading dock by Lot E.** If parents would like to park and come in to observe any activities, you will park in Permit Lot E, or in Pay Lot B. You **MUST** provide all requested information about your car before we can order a Lot E parking permit for you. *The Suzuki program is not responsible for passes that are not available on time due to incomplete information.*
6. **Supplies:**
 - Bring music stand every day.
 - Lunch, if you aren't buying it in the SIUE Morris Center Food Court
 - Instrument, bow, shoulder rest (violin and viola), rosin, and rock stop for cellos
 - Music for ensembles (please put all music in a three ring binder with your name on it)
 - Solo music for lessons
 - Backpack to hold all belongings in
 - Water bottles (with your name on it) to stay hydrated!
 - Umbrella for rainy days (walking to electives/the Morris Center for lunch)
 - Coat/sweater—just in case the A/C is too cold ☺
7. **Repertoire:** Orchestra and chamber music repertoire assignments **will be emailed to all students by June 1st, 2018.** Music must be learned in its entirety by the first day of camp. There will be assigned practice sections that students will have to video and send in prior to camp for seating placement. These recordings will be assigned when the music is emailed out 6/1.
8. **Email:** Communication will be mainly by email. Make sure you list a valid email address.
9. **Weather:** In case of Bad Weather: Check www.siue.edu, KMOX Radio, or TV to see if SIUE has classes.
10. **SIUE maps:** www.siue.edu/maps
11. **Scholarships:** There is a small amount of scholarship aid available. Request a scholarship application form.
12. **Questions?** Call: Mikaila Seo; 618-650-2839, or email: miktheviolist@mc.com

SIUE STRING DEVELOPMENT CAMP 2018 REGISTRATION FORM

Mail to: SIUE Suzuki String Program
Box 1771, SIUE, Edwardsville, IL 62026
Questions: Call Mikaila Seo: 618-650-2839
or email: miktheviolist@me.com

PLEASE PRINT

Name of student _____ Age _____ Instrument _____

Grade entering in September 2018 _____ String Teacher's name _____
We will thank your teacher for encouraging you to come!

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Cell phone (____) _____ Home phone (____) _____ Work phone (____) _____

E-mail address _____

Parent or Responsible Adult, if not parent _____

Indicate music reading level:

- Early/Intermediate reader (can read all pitches on instrument and basic rhythm patterns)
The orchestra music will be in D Major and G Major.
 Advanced reader (late intermediate reader and up--can read in all key signatures,
read rhythm solidly, has participated in orchestra, Suzuki Bk 4 level.)
 Name of orchestra student participated in this year: _____

Suzuki Students: Current Suzuki piece _____ Book _____

Traditional Students: Current method book _____ Years of study completed _____
School _____ String Teacher _____

Fees: Make **checks** payable to **SIUE String Camp** or make **online payment** through credit card payment link at <http://www.siue.edu/artsandsciences/music/suzuki/>. **No refunds given after May 1st, 2018.**

Mail 1) registration, 2) required health consent form, 3) required liability waiver form, and 4) tuition check to: SIUE Suzuki String Program, Mikaila Seo, Box 1771, SIUE, Edwardsville, IL 62026

Check where applicable:

Student registration (includes non-refund. \$15 fee) **if postmarked by April 30th**.....\$300

Student registration (includes non-refund. \$15 fee) **if postmarked May 1st-May 31st**.....\$310

Summer Camp T-shirt size (circle one): YS YM YL AS AM AL AXL.....included

Parking Permit (for Lot E, behind Dunham Hall) (Monday- Friday).....\$10

Parking Permit Information (***we cannot order a permit without this information:***)

Name of Parent _____

Make of Car _____ Color _____ State _____

License Plate # _____

(Payable to **SIUE String Camp**) TOTAL \$ _____

Check here if you have made your payment by credit card online

INCLUDE THIS FORM WITH YOUR REGISTRATION!!!



SUMMER ACTIVITIES FOR YOUTH HEALTH INFORMATION AND CONSENT FORM

To be completed by the participant's PARENTS. Please return with camp application.

1. Camp or Program _____ Dates _____
2. Participant's Name _____
(last) (first) (middle)
3. Home Address _____
and Phone: (street or route) (city or town) (state) (zip) (phone)
4. Parent's Names: Mother (or Guardian) _____
(last) (first) (middle)
Father (or Guardian) _____
(last) (first) (middle)
5. Work Address and Phone: Mother (or Guardian) _____
(place) (street or route)

(city or town) (state) (zip) (phone)
Father (or Guardian) _____
(place) (street or route)

(city or town) (state) (zip) (phone)
6. Please list a close relative or friend who may be contacted if you are unavailable in case of an emergency:

7. Is there any information regarding your child of which the camp staff and faculty should be aware? Please check and explain.
___ Handicapping conditions _____
___ Diseases _____
___ Allergies _____
___ Activity restriction _____
___ Necessary regular medications _____
___ Other _____

8. Physician to be contacted in case of emergency:
Name _____ Telephone Number _____
Address _____

Your signature indicates parental approval of the student's attendance at and participation in all camp activities except as noted by you in number 7 above.

(Signature of parent or guardian) (date)

Consent of Treatment

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for

_____, a minor. I understand that I will be responsible for any charges incurred for such care.

Signature _____
(Parent or Guardian, if patient is under 18 years of age)

Telephone _____

Relationship to Minor _____

Distribution: Program Director / Program Staff

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK,
& COVENANT NOT TO SUE AGREEMENT**

(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that my participation in the SIUE Summer String Camp, hereinafter "Activity", sponsored and administered by Southern Illinois University Edwardsville's Music Department, involves an inherent risk of and exposure to property damage and bodily or personal injury to my child as a participant and to others as participants. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity to and for my child. I further acknowledge that it is my child's sole responsibility to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training for the Activity. I acknowledge that Southern Illinois University Edwardsville (hereinafter SIUE), does not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in the Activity. I hereby assume any and all such risk. I acknowledge that SIUE does not provide insurance coverage for my child. For the sole consideration of SIUE arranging for and allowing my child's participation in the Activity, and in connection therewith, making available for my child's use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby do for myself, my child, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the Activity whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. I understand and agree that SIUE does not have medical personnel available at the locations of the Activity; that SIUE is granted permission to authorize emergency medical treatment for my child, that such action by SIUE shall be subject to the terms of this Agreement; and that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be effective during the entire period of my child's participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read and understand this entire statement and have freely and voluntarily signed this Waiver & Release of Liability & Covenant Not To Sue Agreement. I warrant that I am over the age of 18 years.

This _____ day of _____, 2018.

Signature of Parent

Signature of Witness

(Must be 18 years or older)

Parent's Name: _____

Child's Name: _____ DOB: _____